

State of California  
Department of Industrial Relations - Division of Occupational Safety and Health  
**Elevator Ride and Tramway Unit**  
Certification Section

**Certificate of Compliance**

Date \_\_\_\_\_

Amount Enclosed **\$250.00**

Owner's Name \_\_\_\_\_

Owner's Phone \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Operator's Name if different from above \_\_\_\_\_

Operator's Phone \_\_\_\_\_

Operator's Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Location Name (park, mall, restaurant, FEC) \_\_\_\_\_

Location of Ride (Address, City, State, Zip) \_\_\_\_\_

Signature (Owner, Operator or Responsible Party) \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

QSI Declaration (344.7(b)(4))

I, the undersigned Qualified Safety Inspector, attest that within the preceding 12-month period, I have inspected a total of \_\_\_\_\_ permanent amusement ride(s) listed on the reverse of this form. My inspection included a competent review of the ride's safety-related systems and structural attributes, and based on this inspection I have determined that the ride(s) is in material conformance with Title 8, Division 1, Chapter 4, Subchapter 6.2 beginning with Section 3195.1. The following individuals with QSI certification numbers listed (if applicable), assisted with the completion of the ride inspection.

This written declaration is made under penalty of perjury of the laws of the State of California.

QSI Inspector's Signature \_\_\_\_\_

QSI Certificate Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Note: The fee for review of Certificates of Compliance and provision of related notifications shall be two hundred and fifty dollars (\$250.00) Title 8 344.16(a). The fee shall be enclosed with this certificate as a check made out to: Department of Industrial Relations PAR Inspection Fund. Completed forms mail to: State of California, Elevator Ride and Tramway Unit, Certification Section 2424 Arden Way Suite 300, Sacramento, CA 95825

Certificate of Compliance Ride List

(Must be completed by the QSI performing certification)

Location of Ride \_\_\_\_\_

Date Inspected	State Registration Number *	Ride Name	Trade Name	Manufacturer	Serial Number	Model Number

Additional forms may be used as necessary for each location.

\*Note: Registration Number to be assigned at next Division Inspection

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